

Section 2 — ALCOHOL EXPERIENCES		
1a. I'm going to read you a list of experiences that many people have reported in connection with their drinking. As I read each experience, please tell me if this has ever happened to you. In your entire life, did you EVER ... (Repeat phrase frequently)		b. Did this happen in the last 12 months?
	PGM 8 ↓	PGM 8 ↓
(1) Find that your usual number of drinks had much less effect on you than it once did?	2001 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	2016 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d
(2) Find that you had to drink much more than you once did to get the effect you wanted?	2002 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	2017 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d
(3) Want to stop or cut down on your drinking?	2003 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	2018 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d
(4) Try to stop or cut down on your drinking but found you couldn't do it?	2004 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	2019 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d
(5) Start drinking even though you decided not to or promised yourself you wouldn't?	2006 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	2020 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d
(6) End up drinking much more than you meant to?	2008 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	2021 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d
(7) Keep on drinking for a much longer period of time than you had intended to?	2007 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	2022 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d
(8) Have any of the following experiences when the effects of alcohol were wearing off (Pause), several hours after drinking (Pause), or the morning after drinking? For example, did you EVER ...	2008 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	2023 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d
(a) Have trouble falling asleep or staying asleep?		
(b) Find yourself shaking when the effects of alcohol were wearing off?	2009 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	2024 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d
(c) Feel depressed, irritable, or nervous?	2010 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	2025 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d
(d) Feel sick to your stomach or vomit when the effects of alcohol were wearing off?	2011 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	2026 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d
(e) Have a very bad headache?	2012 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	2027 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d
(f) Find yourself sweating or your heart beating fast when the effects of alcohol were wearing off?	2013 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	2028 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d
(g) See, feel, or hear things that weren't really there?	2014 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	2029 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d
(h) Have fits or seizures when the effects of alcohol were wearing off?	2016 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience, page 16	2030 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes" in column d

Section 2 — ALCOHOL EXPERIENCES (Continued)		
c. About how many times did this experience happen in the last 12 months? (SHOW FLASHCARD 21)	d. Did this happen before 12 months ago, that is, before last (Month one year ago)?	e.
PGM 8 ↓ 2031 <input type="text"/> <input type="text"/> Code	PGM 8 ↓ 2046 1 <input type="checkbox"/> Yes — Mark Box A1 2 <input type="checkbox"/> No — Go to next experience	PGM 8 ↓ A1 2061 1 <input type="checkbox"/> Found that the amount you once drank had less effect on you than before
2032 <input type="text"/> <input type="text"/> Code	2047 1 <input type="checkbox"/> Yes — Mark Box A1 2 <input type="checkbox"/> No — Go to next experience	A2 2062 1 <input type="checkbox"/> Wanted or tried to stop or cut down on your drinking
2033 <input type="text"/> <input type="text"/> Code	2048 1 <input type="checkbox"/> Yes — Mark Box A2 2 <input type="checkbox"/> No — Go to next experience	
2034 <input type="text"/> <input type="text"/> Code	2049 1 <input type="checkbox"/> Yes — Mark Box A2 2 <input type="checkbox"/> No — Go to next experience	A3 2063 1 <input type="checkbox"/> Drank more or longer than you meant to
2035 <input type="text"/> <input type="text"/> Code	2050 1 <input type="checkbox"/> Yes — Mark Box A3 2 <input type="checkbox"/> No — Go to next experience	
2036 <input type="text"/> <input type="text"/> Code	2051 1 <input type="checkbox"/> Yes — Mark Box A3 2 <input type="checkbox"/> No — Go to next experience	
2037 <input type="text"/> <input type="text"/> Code	2052 1 <input type="checkbox"/> Yes — Mark Box A3 2 <input type="checkbox"/> No — Go to next experience	A4 2064 1 <input type="checkbox"/> Had bad aftereffects when alcohol was wearing off
2038 <input type="text"/> <input type="text"/> Code	2053 1 <input type="checkbox"/> Yes — Mark Box A4 2 <input type="checkbox"/> No — Go to next experience	
2039 <input type="text"/> <input type="text"/> Code	2054 1 <input type="checkbox"/> Yes — Mark Box A4 2 <input type="checkbox"/> No — Go to next experience	
2040 <input type="text"/> <input type="text"/> Code	2055 1 <input type="checkbox"/> Yes — Mark Box A4 2 <input type="checkbox"/> No — Go to next experience	
2041 <input type="text"/> <input type="text"/> Code	2056 1 <input type="checkbox"/> Yes — Mark Box A4 2 <input type="checkbox"/> No — Go to next experience	
2042 <input type="text"/> <input type="text"/> Code	2057 1 <input type="checkbox"/> Yes — Mark Box A4 2 <input type="checkbox"/> No — Go to next experience	
2043 <input type="text"/> <input type="text"/> Code	2058 1 <input type="checkbox"/> Yes — Mark Box A4 2 <input type="checkbox"/> No — Go to next experience	
2044 <input type="text"/> <input type="text"/> Code	2059 1 <input type="checkbox"/> Yes — Mark Box A4 2 <input type="checkbox"/> No — Go to next experience	
2045 <input type="text"/> <input type="text"/> Code	2060 1 <input type="checkbox"/> Yes — Mark Box A4 2 <input type="checkbox"/> No — Go to next experience, page 16	

Section 5 — TOBACCO, MEDICINES, AND DRUGS (Continued)		
20a. In your entire life, did you EVER ... (Repeat phrase frequently)		b. Did this happen in the last 12 months?
	PGM 11 ↓	PGM 11 ↓
(18) Give up or cut down on activities that were important to you in order to use a medicine or drug — like work, school, or associating with friends or relatives?	5694 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	5705 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes," in column e
(19) Continued to use a medicine or drug even though you knew it was causing you a health problem or making a health problem worse?	5695 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	5706 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes," in column e
(20) Have a very strong desire or urge to use a medicine or drug?	5696 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	5707 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes," in column e
(21) Continued to use a medicine or drug even though you knew it was causing you trouble with your family or friends?	5697 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	5708 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes," in column e
(22) Continued to use a medicine or drug even though it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people?	5698 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	5709 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes," in column e
(23) Drive a car, motorcycle, truck, boat, or other vehicle when you were under the influence of a medicine or drug?	5699 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	5710 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes," in column e
(24) Find yourself under the influence of a medicine or drug or feeling its aftereffects in a situation that increased your chances of getting hurt — like swimming, using machinery, or walking in a dangerous area or around heavy traffic?	5700 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	5711 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes," in column e
(25) Find yourself under the influence of a medicine or drug or feeling its aftereffects when you were SUPPOSED to be doing something important — like being at work or school, or taking care of your home or family?	5701 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	5712 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes," in column e
(26) Find yourself under the influence of a medicine or drug or feeling its aftereffects when you were ACTUALLY doing something important — like being at work or school, or taking care of your home or family?	5702 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	5713 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes," in column e
(27) Find that your use of a medicine or drug became so regular that you would not change when or how much you used it no matter what you were doing or where you were?	5703 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to next experience	5714 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes," in column e
(28) Give up or cut down on activities that you were interested in or that gave you pleasure in order to use a medicine or drug?	5704 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Go to Check Item 5.11, page 72	5715 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No — Mark "Yes," in column e

Section 5 – TOBACCO, MEDICINES, AND DRUGS (Continued)			
c. During the last 12 months, which medicines or drugs did this happen with? (SHOW FLASHCARD 23)	d. During the last 12 months, which medicines or drugs did this happen with MORE THAN ONCE? (SHOW FLASHCARD 23)	e. Did this happen before 12 months ago, that is, before last (Month one year ago)?	f. Which medicines or drugs did this happen with before 12 months ago? (SHOW FLASHCARD 23) Mark (X) appropriate drug category on flap, page 99.
PGM 11 ↓	PGM 11 ↓	PGM 11 ↓	PGM 11 ↓
5716 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5717 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5718 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5719 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5720 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5771 00 <input type="checkbox"/> NONE 5772 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5773 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5774 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5775 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5776 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5837 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – Go to next experience	5848 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5849 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5850 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5851 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5852 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB
5721 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5722 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5723 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5724 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5725 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5777 00 <input type="checkbox"/> NONE 5778 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5779 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5780 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5781 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5782 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5838 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – Go to next experience	5853 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5854 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5855 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5856 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5857 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB
5726 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5727 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5728 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5729 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5730 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5783 00 <input type="checkbox"/> NONE 5784 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5785 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5786 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5787 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5788 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5839 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – Go to next experience	5858 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5859 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5860 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5861 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5862 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB
5731 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5732 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5733 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5734 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5735 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5789 00 <input type="checkbox"/> NONE 5790 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5791 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5792 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5793 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5794 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5840 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – Go to next experience	5863 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5864 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5865 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5866 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5867 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB
5736 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5737 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5738 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5739 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5740 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5795 00 <input type="checkbox"/> NONE 5796 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5797 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5798 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5799 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5800 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5841 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – Go to next experience	5868 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5869 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5870 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5871 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5872 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB
5741 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5742 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5743 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5744 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5745 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5801 00 <input type="checkbox"/> NONE 5802 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5803 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5804 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5805 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5806 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5842 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – Go to next experience	5873 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5874 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5875 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5876 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5877 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB
5746 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5747 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5748 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5749 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5750 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5807 00 <input type="checkbox"/> NONE 5808 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5809 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5810 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5811 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5812 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5843 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – Go to next experience	5878 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5879 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5880 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5881 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5882 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB
5751 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5752 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5753 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5754 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5755 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5813 00 <input type="checkbox"/> NONE 5814 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5815 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5816 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5817 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5818 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5844 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – Go to next experience	5883 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5884 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5885 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5886 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5887 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB
5756 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5757 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5758 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5759 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5760 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5819 00 <input type="checkbox"/> NONE 5820 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5821 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5822 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5823 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5824 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5845 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – Go to next experience	5888 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5889 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5890 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5891 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5892 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB
5761 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5762 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5763 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5764 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5765 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5825 00 <input type="checkbox"/> NONE 5826 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5827 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5828 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5829 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5830 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5846 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – Go to next experience	5893 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5894 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5895 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5896 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5897 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB
5766 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5767 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5768 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5769 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5770 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5831 00 <input type="checkbox"/> NONE 5832 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5833 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5834 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5835 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5836 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB	5847 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – Go to Check Item 5.11, page 72	5898 * 01 <input type="checkbox"/> SED 02 <input type="checkbox"/> TRAN 5899 * 03 <input type="checkbox"/> PAIN 04 <input type="checkbox"/> STIM 5900 * 06 <input type="checkbox"/> MAR 06 <input type="checkbox"/> COC 5901 * 07 <input type="checkbox"/> HER 08 <input type="checkbox"/> METH 5902 * 09 <input type="checkbox"/> OTHA 10 <input type="checkbox"/> OTHB